A handbook for workplaces

Transferring people safely

Handling patients, residents and clients in health, aged care, rehabilitation and disability services

Edition No.3
July 2009



CONTENTS

ABOUT THIS GUIDE



Injuries in health, aged care, rehabilitation and disability services due to the handling of people remain a major occupational health and safety (OHS) issue in Victoria, despite more than 30 years of research in Australia and overseas.

For workers, this can mean personal pain and discomfort which sometimes lasts for years, affecting not only their work but their everyday lives, families and relationships. For employers, this type of workplace injury may lead to WorkSafe claims and increased premiums and other costs and may affect morale.

INJURY STATISTICS IN THE VICTORIAN HEALTH INDUSTRY

	Hospitals and nursing homes percentage	All industries (Victoria) percentage
MSD	71%	55%
Back injuries	31%	21%
Manual handling related	59%	44%

Source: WorkSafe Victoria claims data 2005/06 to 2007/08 inclusive

This guide has been produced specifically for Victorian employers to assist in reducing the incidence and severity of injuries to their staff resulting from manual handling risks when transferring people. This guide complements the publication, *A guide to designing workplaces for safer handling of people.*

In the guide the terms 'people' or 'patients' have been used to include patients, residents and clients. The guide offers the following practical tools:

1. The patient risk assessment worksheet

A worksheet that guides the assessment of manual handling risks for an individual task.

2. The patient transfer guide

A set of completed risk assessments for 12 common transfer or moving procedures. The assessments are presented in a colour-coded table. Preferred methods are in green, increased risk methods in amber (which should only be used if it is not reasonably practicable to change to a green method), and high risk or dangerous (and not recommended) methods in red.

3. Patient and resident records

Examples of patient recording forms that staff may use to identify risks and record the handling/moving procedures.

4. Task assessments and class risk assessments

A description of each of the tasks from the Patient transfer guide and a discussion of the risk factors.

ABOUT THIS GUIDE

MANAGING RISK IS A SIMPLE THREE-STEP PROCESS:

1. Identify any task that may be a risk to the health and safety of your staff.
2. Determine the risk associated with that task, including the likelihood and consequence of an injury occurring.
3. Control the risk by eliminating it, or if this is not practicable, by reducing it as far as possible.

Consultation with health and safety representatives (HSRs) and employees should be undertaken at all stages of the risk management process.

HOW SHOULD THIS GUIDE BE USED?

This guide is flexible around your workplace needs.

It is the duty of individual employers to develop their own approach to preventing injuries associated with handling and moving people. The tools in this guide are intended to be part of such a program. They should be used in whichever way best suits each workplace and employer situation.

You are encouraged to customise and tailor the tools to integrate them into your own occupational health and safety management systems.

It is important to remember that the tools presented here do not work in isolation. We have not intended this guide be a stand-alone systematic agency-wide program for every situation.

WHAT DUTIES DO EMPLOYERS AND EMPLOYEES HAVE?

Employers have certain obligations under the *Occupational Health and Safety Act 2004* (OHS Act) and Occupational Health and Safety Regulations 2007 (OHS Regulations). Employers are responsible for their regular staff, contractors and agency personnel. This responsibility extends to providing a safe working environment, appropriate job design and work systems, and access to proper equipment, support and training.

The Manual Handling section (Part 3.1) of the OHS Regulations requires employers to identify all people handling tasks and eliminate any risks of musculoskeletal problems or if this is not reasonably practicable, minimise the risk.

The OHS Act requires employers to consult with employees and their health and safety represenatives (HSRs), if reasonably practicable, when identifying or assessing hazards or risks and when making decisions regarding risk control. Under the OHS Act, employees are also required to cooperate with the actions of their employers in relation to hazard identification, risk assessment and risk control.

WHO SHOULD USE THIS GUIDE?

This publication has been produced specifically for employers, managers, OHS personnel, staff trainers and HSRs in health and aged care settings. The types of facilities include those that care for patients, residents and clients in acute, aged care, rehabilitation and disability sectors.

HSRs and staff should be consulted during each step of a risk assessment and when decisions are made about risk controls.

WHAT ARE THE LEGAL ISSUES?

Several different laws and policies outline the issues around manual handling and consultation.

This guide is designed to assist employers to comply with their legal obligations under the OHS Act and Regulations and Compliance Codes. For further information, refer to the Legislative and policy framework table on page 30.

WHAT IS MANUAL HANDLING?

The term manual handling applies to any activity that requires the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object or person.

Hazardous manual handling* means manual handling that has any of the following characteristics:

- repetitive or sustained application of force
- repetitive or sustained awkward posture
- repetitive or sustained movement
- application of high force
- exposure to sustained vibration

or

- manual handling of live persons or animals
- manual handling of loads which are unstable, unbalanced or difficult to grasp and hold.

The occupation most likely to suffer injury within the health sector is nursing – nurses account for 42% of all WorkSafe claims and 47% of all back claims for the three years from 2005-06 to 2007-08 in hospitals and nursing homes†. For this reason, the Australian Nursing Federation (Victoria Branch) implemented a no lifting policy in 1998. `No lifting' principles now represent a state of knowledge which has achieved a change in manual handling practices throughout the health sector. This has led to reduced risk to staff and patients/residents/clients.

* *Occupational Health and Safety (Manual Handling) Regulations 2007, regulation 1.1.5*

† *Source: WorkSafe Victoria claims statistics 2005-06, 2006-07 and 2007-08, including public and private hospitals, nursing and convalesence homes.*

TOOL 1:

THE PATIENT RISK ASSESSMENT WORKSHEET



The Patient risk assessment worksheet is set out on the next page. It is a blank proforma that has been designed to help you:

- assess the overall risk of manual handling tasks
- conduct your own manual handling risk assessment using the completed tools as a guideline
- assess the risk of manually handling/moving a person who has special needs.

Risk assessment should include:

1. Physical environment
   - furniture
   - space
   - equipment.
2. Work practices
   - training
   - adequate staff numbers
   - work hours.
3. Patient's ability to assist
   - cognitive signs
   - physical signs
   - behavioural signs
   - clinical constraints.

ASSESSING THE PHYSICAL ENVIRONMENT

In the physical environment, managers and HSRs should inspect and assess each room of the facility. This process will determine whether or not the buildings and equipment are compatible with the handling techniques to be adopted. Required changes should then be made. For example, overhead track systems for moving patients/residents significantly reduce the force exerted by staff compared with the force required to manoeuvre a mobile hoist. Overhead hoists are more efficient and acceptable to clients and reduce the time needed to transfer a person. They should be installed in all new and refurbished health and aged care facilities where transferring people is undertaken. They are particularly suited to carpeted rooms in which it is difficult to manoeuvre mobile hoists.

Some simple suggestions to help you reduce risk:

- bedstick – a bedstick attached to the side of the bed allows patients/residents to help themselves to sit up on the side of the bed
- overhead bar – an overhead bar enables the patient/resident to help lift and reposition themselves on the bed
- slide sheet – slide sheets made from slippery sailcloth or similar material can help to move the patient on their bed
- bed rope – a simple rope attached to the middle of the foot of the bed allows the patient to raise themselves from a lying to a sitting position.

TOOL 1: THE PATIENT RISK ASSESSMENT WORKSHEET

The following form is designed to assist managers, employees and HSRs to assess the factors that contribute to hazardous people handling tasks. If these factors cause risks to employees, they must be controlled so far as is reasonably practicable.

The form can be used to assess:

- a common task. For example, transferring nursing home residents from bed to commode chair, or
- a specific task. For example, moving a bariatric patient from an emergency trolley to a bed.

RISKS	**WHAT TO LOOK FOR**	**WHERE AND WHEN?**	**TICK**
1. Awkward postures	Prolonged or repeated postures (eg bending forward or sideways, twisting, working at or below knee level)		☐
2. Exerting high force	Workers find the effort difficult (eg holding, restraining, pushing, fast forceful movements or with loads not equal for both sides of the body)		☐
3. Reaching	Reaching away from the body or over shoulder height for long periods or while exerting force		☐
4. Continual handling of patients	Daily work includes long periods of various patient handling tasks – for 30 minutes at a time or two hours total per shift.		☐
RISK FACTORS	**SOURCES OF RISK**		
1. Patient behavioural or cognitive variables	Patients who are resistive, unpredictable and uncooperative		☐
2. Patient physical variables or constraints	Patients with physical constraints (eg large, fragile, rigid, contractures, fatigue)		☐
3. Clinical constraints or contraindications	Clinical variables (eg pain, unable to lie flat, IV lines, drainage bags, intubation, frames)		☐
4. Poor environment design	Limited space and access to working areas, equipment not easily moveable, narrow doorways, clutter, carpets, ramps or changes of level at lifts, slippery floors, poor lighting		☐
5. Inappropriate furniture and fittings	Wind-up or manual-adjust beds, low baths, low client chairs, no grab rails in bathrooms, toilets or corridors		☐
6. Inadequate or insufficient patient handling aids	Inadequate numbers, not readily accessible, poorly designed, not maintained in good working order		☐
7. Staffing factors	Inadequate staff numbers for safe handling, staff inexperienced, inadequately trained, unfamiliar with patients or handling equipment, working long hours		☐

MEASURES TO ELIMINATE OR REDUCE RISK	**BY WHOM AND WHEN**	**CONTROL MEASURES COMPLETED AND REVIEWED**

Management representative:	**Health and safety representative:**

TOOL 2:

THE PATIENT TRANSFER GUIDE



The Patient transfer guide is set out on the next page. It has been designed to assist you categorise the risks associated with handling patients in your workplace environment.

The guide is set out in a table. It includes completed risk assessments for 12 common handling situations, known as class (or generic) risk assessments. The 12 tasks are listed down one side of the guide and the various methods for those actions performed are listed across the top of the page.

The page flows left to right – the safest recommended methods are on the left of the page moving through to methods of increased risk on the right.

Colour coding, from green through amber and finally to red, has been used to reinforce the graduation from low risk methods to high risk non-recommended methods.

The table is a summary of information about transfer types 1-12. For full details on these, refer to pages 18-29.

The high risk (red) methods described on the guide, for example: top and tail lift, cradle lift, hook arm lift are not recommended practice. They are included to make it clear they are dangerous.

An employer who allows high risk practices to be used is likely to be in breach of Occupational Health and Safety legislation.

THE GUIDE CAN BE USED TO:

- quickly identify current work practices
- assess the risk associated with each practice
- choose the safest way of performing each task
- determine and record the method to be used with each patient at different occasions and times using the blank spaces provided.

Every situation is different. For example, the methods of transfer and handling are likely to change frequently within an acute care setting. However, they may remain comparatively constant over long periods in extended care. If the conditions described in this guide are different in your workplace, and the difference increases risk of injury or if the task is carried out differently to the method described, you should conduct a new, separate risk assessment.

PATIENT TRANSFER SUMMARY TABLE (refer to pages 18-29 for further details)

Name of patient: ______________________________

Special needs/characteristics of patient: ______________________________

This is a guide to help managers and staff reduce risks associated with patient transfers, as required by the OHS Regulations and Victorian Manual Handling Code of Practice (2000) and is consistent with the Australian Nursing Federation (Victorian Branch) No Lifting Policy 2006. Methods in green are preferred. Techniques in red are included only to emphasis how dangerous they are - they should be eliminated from all workplaces as soon as practicable. For each patient, choose the lowest risk transfers possible (ie furthest to the left). Write the date and method (A, B, C etc) when changing a method. Affix patient ID label onto back of this page, if required.

	TRANSFER	DATE	TRANSFER CODE	REDUCED RISK: PREFERRED METHODS				INCREASED RISK: NOT PREFERRED	HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE		
ON BED	**1** Move up/down the bed	/ /		Overhead bar **ABLE TO ASSIST** **A**		One slide sheet **ABLE TO ASSIST B**	Two slide sheets **C**		Draw or incontinence sheet **E**	Blue lifting slats **F**	Cradle lift or shoulder lift **G**
ON BED	**2** Sit up/lie down	/ /		Electrically operated back rest **A**		Bedrope **ABLE TO ASSIST B**			Manually operated or wind-up backrest with bed rope or monkey bar **ABLE TO ASSIST E**	Manually operated backrest **F**	Hook arm lift **G**
ON BED	**3** Roll	/ /		Roll **ABLE TO ASSIST** **A**		Roll using patient's body mechanics **B**		Roll with a turning frame **ABLE TO ASSIST D**	Manual log roll **E**		
ON BED	**4** Turn/reposition in bed	/ /		Slide sheets **A**					Draw or incontinence sheet **E**	Manually - two carers **F**	Manually - one carer **G**
ON BED	**5** Sit on side of bed	/ /		Bed stick **ABLE TO ASSIST** **A**		Patient positions self **ABLE TO ASSIST B**	Electrically operated back rest **C**		Manual lift from lying to sitting **E**		
OFF BED	**6** Move from bed to chair	/ /		Patient transfers self or uses aid **ABLE TO ASSIST A**	Overhead tracking hoist with walking sling **ABLE TO ASSIST B**	Electric standing hoist **ABLE TO ASSIST C**	Electric sling hoist **C**	Standing aid **ABLE TO ASSIST D**	Manual lift - standing pivot transfer with or without walk belt **E**	Hook arm lift **F**	Top and tail lift **G**
OFF BED	**7** Move from chair to bed	/ /		Patient transfers self or uses aid **ABLE TO ASSIST A**	Overhead tracking hoist with walking sling **ABLE TO ASSIST B**	Standing hoist/ electric or gas assist stand aid **ABLE TO ASSIST C**	Electric sling hoist **C**	Standing aid **ABLE TO ASSIST D**	Manual lift - standing pivot transfer **E**	Hook arm lift **F**	Top and tail lift **G**
OFF BED	**8** Transfer legs onto bed	/ /		Patient transfers own legs or uses aid **ABLE TO ASSIST A**		Electric sling hoist **B**			Manually lift legs onto bed **E**		
OFF BED	**9** Chair to chair or toilet	/ /		Patient transfers self or uses aid **ABLE TO ASSIST A**	Overhead tracking hoist with walking sling **ABLE TO ASSIST B**	Electric standing hoist **ABLE TO ASSIST C**	Electric sling hoist **C**	Standing aid **ABLE TO ASSIST D**	Manual lift - standing pivot transfer **E**	Hook arm lift **F**	Top and tail lift **G**
OFF BED	**10** Move person off floor	/ /		Patient transfers self or uses aid **ABLE TO ASSIST A**		Electric sling hoist **B**	Electric hoist with stretcher frame **C**		Lift manually with stretcher frame **E**	Hook arm lift **F**	Top and tail lift **G**
OFF BED	**11** Bed to trolley	/ /		Hover mattress or slippery mattress **A**		Slideboard and slide sheets **B**			Slideboard and bed sheets **E**		Top and tail or other lift **G**
OFF BED	**12** In/out of bath	/ /		Electric hoist with immersible sling and height adjustable bath **A**		Shower trolley bath **B**		Hydraulic chair hoist **D**			Top and tail lift **G**

Use ceiling mounted track lifting system where possible

Legend: **A** = Most preferred (Safest) on a sliding scale to **G** = High risk (Not recommended); **ABLE TO ASSIST** = Help is required from patient (patient must be able to understand, cooperate, and physically assist)

TOOL 3:

PATIENT AND RESIDENT RECORDS



This section contains forms for staff to use to identify risks and record the handling/moving procedure. The forms include provision for noting the patient's ability to assist, the number of people required, the type of equipment needed and any special circumstances. In some situations, this can all be completed by using the Patient transfer guide and there will be no need to refer to this section. Three versions of the Record form are provided as examples, any of the forms can be used or adapted.

STEP 1 – ASSESS ABILITY TO ASSIST OR LEVELS OF DEPENDENCE

The staff member should identify whether the patient is 'able to assist' or is 'dependent', according to particular objective criteria. For these purposes, a patient would be identified as 'able to assist' if they are able to understand instructions, are cooperative and would be physically able to assist the process. If they do not meet these criteria, they would be determined as 'dependent'.

Any special needs of the person that may affect the move should also be identified. For example, they may be resistant, prefer to move to a particular side or may be deaf.

DETERMINE THE PATIENT'S ABILITY TO ASSIST THROUGH:

- cognitive signs
- physical signs
- behavioural signs
- clinical constraints.

STEP 2 – SELECT THE SAFEST MOVING/HANDLING METHOD

Once the initial assessment has been carried out, the staff member can then refer to the Patient transfer guide (page 7) or Task descriptions (page 16) to identify the lowest risk method appropriate to the situation. These sections also identify the number of employees and type of equipment required to carry out the task safely.

USE THE LOWEST RISK METHOD

STEP 3 – RECORD THE METHOD TO BE USED

The information determined by the first two steps is then recorded on the person's risk assessment/control form, the modified care plan or in the Patient transfer guide.

Recording should be done when the patient arrives in the unit and whenever their condition changes significantly. It may be done as often as every few hours for acute patients, or typically, monthly for long-term patients or residents.

Three examples of how the information may be recorded are in this section (see Tools 3.1, 3.2 and 3.3). Completed examples are shown for each recording method. You can choose one of these forms or adapt them to suit your own patient records.

MAKE A RECORD

HOW TO USE THE FORMS

The forms may be used as follows:

- at the start of each new period (eg every shift in acute care or monthly in long-term care) to assess the ability to assist of each person in their care
- refer to the Patient transfer guide and task descriptions to identify which method of transfer to use, what equipment and support from other staff members will be required. This is based on the cognitive and physical ability of the person that requires handling
- record that information on the patient's care plan or other appropriate form.

RE-ASSESS INDIVIDUALS AND FILL IN DOCUMENTATION REGULARLY. FOR EXAMPLE, AT THE START OF EVERY SHIFT FOR ACUTE CARE OR MONTHLY IN LONG-TERM CARE SITUATIONS

EXAMPLE TOOL 3.1: PATIENT RECORD (VERSION ONE)

PATIENT I.D. LABEL

ACTIVITIES		INITIAL PLAN/ADMISSION OR REVISED PLAN DATE 1/10/2006	DATE 2/10/2006	DATE 3/10/2006
PATIENT HANDLING ASSESSMENT	On bed assessment:	D	A	I
	Equipment	SS x 2	OB	
	Off bed assessment	D	A	A
	Equipment	SL ST	BS LL	LL
MOBILITY	Mobility assessment	D	A	A
	Equipment	WC	WH	WH
Hygiene		D SC	A SC	A SC
Speech, sight, hearing		Hearing aid	Hearing aid	Hearing aid
Observations, specific		BP 4/24	BP 4/24	BP BD
Diet/fluids, weight		Full diet	Full diet	Full diet
Urine/bowels		NAD test daily	NAD test daily	NAD test daily
Wound care		Refer to dressing chart Dressing 4/24	Dressng BD	Daily dressing
Discharge plan		In progress – refer to progress notes	In progress – refer to progress notes	In progress – refer to progress notes
SIGNATURE	ND	L. Jones	L. Jones	L. Jones
	AM	J. Smith	J. Smith	J. Smith
	PM	T. Brown	T. Brown	T. Brown

PATIENT CRITERIA	CODE
Dependent: • Unable to understand and/or cooperate • Physically unable to carry out task	**D**
Able to assist: • Understand/cooperate • Physically able (needs assistance)	**A**
Independent:	**I**

MOBILISE	CODE
Wheelchair	**WC**
Walking frame	**WF**
Wheely frame	**WH**
Gutter frame	**GF**
Walking stick -4 point or single	**WSK**
Walking sling	**WS**

EQUIPMENT	CODE
Sling hoist	**SL**
Standing hoist	**ST**
Slide sheets	**SS**
Overhead bar	**OB**
Bedstick	**BS**
Leg lifter	**LL**
Turning frame	**TF**
Bed mechanics	**BM**
Shower chair	**SC**
Shower trolley	**SH**
Slide board	**SB**
Walking sling	**WS**

TOOL 3.1: PATIENT RECORD (VERSION ONE)

PATIENT I.D. LABEL

ACTIVITIES		INITIAL PLAN/ADMISSION OR REVISED PLAN DATE	DATE	DATE
PATIENT HANDLING ASSESSMENT	On bed assessment:			
	Equipment			
	Off bed assessment			
	Equipment			
MOBILITY	Mobility assessment			
	Equipment			
Hygiene				
Speech, sight, hearing				
Observations, specific				
Diet/fluids, weight				
Urine/bowels				
Wound care				
Discharge plan				
SIGNATURE	ND			
	AM			
	PM			

PATIENT CRITERIA	CODE	MOBILISE	CODE	EQUIPMENT	CODE
Dependent: • Unable to understand and/or cooperate • Physically unable to carry out task	**D**	Wheelchair	**WC**	Sling hoist	**SL**
		Walking frame	**WF**	Standing hoist	**ST**
		Wheely frame	**WH**	Slide sheets	**SS**
		Gutter frame	**GF**	Overhead bar	**OB**
Able to assist: • Understand/cooperate • Physically able (needs assistance)	**A**	Walking stick -4 point or single	**WSK**	Bedstick	**BS**
		Walking sling	**WS**	Leg lifter	**LL**
				Turning frame	**TF**
Independent:	**I**			Bed mechanics	**BM**
				Shower chair	**SC**
				Shower trolley	**SH**
				Slide board	**SB**
				Walking sling	**WS**

EXAMPLE TOOL 3.2: PATIENT RECORD (VERSION TWO)

PATIENT I.D. LABEL

	PROCEDURE	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP
ON BED	Sitting up/ lying down	A Bedrope	D	A Bedrope		I	
	Moving up in bed	A MB	D SS x 2	A OB		I	
	Turning in bed	A	D SS x 2	A		I	
	Rolling in bed	A	D	A		I	
	Sitting on side of bed	A BM	D	A BM		I	
(OFF BED)	Bed to chair	D SL	D SL	D SL	A Patient transfers self Stabilise chair	I	
	Chair to bed	D SL	D SL	D SL	A Patient transfers self Stabilise chair	I	
	Chair to chair	ST	D SL	ST	A Patient transfers self Stabilise chair	I	
	Bed to trolley to bed	SS Pat	SS Pat	SS Pat	SS Pat	SS Pat	
OTHER	Mobility	D WC	D Air chair	D Air chair	A WH	I WH	
Date		1/10/06	4/10/06	8/10/06	10/10/06	11/10/06	
Signature		L. Jones	T. Brown	L. Jones	T. Brown	L. Jones	

Special needs

Needs a lot of prompting to assist on bed 1/10

Roll gently onto left side, discomfort ++ 4/10

Mobilises short distance only 10/10

PATIENT CRITERIA	CODE
Dependent:	**D**
• Unable to understand and/or cooperate	
• Physically unable to carry out task	
Able to assist:	**A**
• Understand/cooperate	
• Physically able (needs assistance)	
Independent:	**I**

MOBILISE	CODE
Wheelchair	**WC**
Walking frame	**WF**
Wheely frame	**WH**
Gutter frame	**GF**
Walking stick -4 point or single	**WSK**
Walking sling	**WS**

EQUIPMENT	CODE
Sling hoist	**SL**
Standing hoist	**ST**
Slide sheets	**SS**
Overhead bar	**OB**
Bedstick	**BS**
Leg lifter	**LL**
Turning frame	**TF**
Bed mechanics	**BM**
Shower chair	**SC**
Shower trolley	**SH**
Slide board	**SB**
Walking sling	**WS**

TOOL 3.2: PATIENT RECORD (VERSION TWO)

PATIENT I.D. LABEL

	PROCEDURE	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP	CODE / EQUIP
ON BED	Sitting up/ lying down						
	Moving up in bed						
	Turning in bed						
	Rolling in bed						
	Sitting on side of bed						
(OFF BED)	Bed to chair						
	Chair to bed						
	Chair to chair						
	Bed to trolley to bed						
OTHER	Mobility						
DATE							
SIGNATURE							

Special needs

PATIENT CRITERIA	CODE
Dependent:	D
• Unable to understand and/or cooperate	
• Physically unable to carry out task	
Able to assist:	A
• Understand/cooperate	
• Physically able (needs assistance)	
Independent:	I

MOBILISE	CODE
Wheelchair	WC
Walking frame	WF
Wheely frame	WH
Gutter frame	GF
Walking stick -4 point or single	WSK
Walking sling	WS

EQUIPMENT	CODE
Sling hoist	SL
Standing hoist	ST
Slide sheets	SS
Overhead bar	OB
Bedstick	BS
Leg lifter	LL
Turning frame	TF
Bed mechanics	BM
Shower chair	SC
Shower trolley	SH
Slide board	SB
Walking sling	WS

EXAMPLE TOOL 3.3: RESIDENT RECORD

PATIENT I.D. LABEL

TASK		MORNING	AFTERNOON	NIGHT
ON BED	On bed assessment:	D	D	D
	• Move up the bed	SS x 2	SS x 2	
	• Sit up/lie down	Electric backrest	Electric backrest	Electric backrest
	• Reposition			SS x 2
(OFF BED)	Off bed assessment:	D	D	
	• Bed to chair	SL	SL	
	• Chair to bed	SL	SL	
	• Chair to chair	ST	ST	
Toileting		D As per regime ST to adjust clothes	D As per regime ST to adjust clothes	D Overnight pad
Hygiene			D SC	
Mobility/therapy		WC Encourage to roll self, lift own legs onto the footplate, feed self, wash own upper body	WC Encourage to roll self, lift own legs onto the footplate, feed self, wash own upper body	
Date		1/11/06	1/11/06	1/10/06
Signature		C. Firth	J. Lee	J. Lee

Special needs

May be resistive in the morning. Gets up after 10.30am - responds to conversation about flowers and gardening.

PATIENT CRITERIA	CODE
Dependent:	D
• Unable to understand and/or cooperate	
• Physically unable to carry out task	
Able to assist:	A
• Understand/cooperate	
• Physically able (needs assistance)	
Independent:	I

MOBILISE	CODE
Wheelchair	WC
Walking frame	WF
Wheely frame	WH
Gutter frame	GF
Walking stick -4 point or single	WSK
Walking sling	WS

EQUIPMENT	CODE
Sling hoist	SL
Standing hoist	ST
Slide sheets	SS
Overhead bar	OB
Bedstick	BS
Leg lifter	LL
Turning frame	TF
Bed mechanics	BM
Shower chair	SC
Shower trolley	SH
Slide board	SB
Walking sling	WS

TOOL 3.3: RESIDENT RECORD

PATIENT I.D. LABEL

TASK		MORNING	AFTERNOON	NIGHT
ON BED	On bed assessment:			
	• Move up the bed			
	• Sit up/lie down			
	• Reposition			
(OFF BED)	Off bed assessment:			
	• Bed to chair			
	• Chair to bed			
	• Chair to chair			
Toileting				
Hygiene				
Mobility/therapy				
Date				
Signature				

Special needs

PATIENT CRITERIA	CODE
Dependent:	D
• Unable to understand and/or cooperate	
• Physically unable to carry out task	
Able to assist:	A
• Understand/cooperate	
• Physically able (needs assistance)	
Independent:	I

MOBILISE	CODE
Wheelchair	WC
Walking frame	WF
Wheely frame	WH
Gutter frame	GF
Walking stick -4 point or single	WSK
Walking sling	WS

EQUIPMENT	CODE
Sling hoist	SL
Standing hoist	ST
Slide sheets	SS
Overhead bar	OB
Bedstick	BS
Leg lifter	LL
Turning frame	TF
Bed mechanics	BM
Shower chair	SC
Shower trolley	SH
Slide board	SB
Walking sling	WS

TOOL 4:

TASK DESCRIPTIONS AND CLASS RISK ASSESSMENTS



In this section, each of the tasks assessed on the Patient transfer guide is described briefly, followed by a discussion of any risk factors identified in the task and an overall risk rating.
The aim is to provide help for you to judge whether the class risk assessments are appropriate to the situations you face. The descriptions also act as a starting point for individual moving/handling tasks for which the class assessments are not appropriate. The descriptions and their assessments are set out on pages 18 to 29.

Conditions applying to the class risk assessments

The risk of each patient handling task was carried out assuming the following conditions. If these conditions are different in your workplace and the difference increases the risk of injury, or the task is carried out differently to that described, an individual risk assessment for that task should be carried out.

Patient assistance

Where it is stated that the patient is able to assist, this means that:

- the patient can comprehend what the handler is saying and is reasonably cooperative
- the patient is able to physically carry out the task.

Equipment

- the equipment used is readily available, in good condition and regularly maintained
- all hoists and beds are electrically operated
- overhead tracking hoists are used wherever reasonably practicable
- hoists are able to be wheeled under the bed with no impediment
- the bed has electrically operated height and backrest adjustment and bed tilt mechanisms where required
- slide sheets are at least two metres in length and are of a slippery material such as spinnaker sailcloth or similar
- the slide sheet used in the bed to trolley transfer is at least two metres in length and 1.5 metres wide
- a minimum of two handlers are used to manoeuver the hoist with the patient in situ.

Environment

- the floor is a flat, firm smooth surface (eg non-cushioned slip resistant vinyl or similar)
- the work area is reasonably uncluttered, no furniture needs to be moved in order to carry out the tasks

Employees

- staff carrying out the task are trained and competent in 'no lifting' patient handling procedures and in using the mechanical equipment and other aids in the handling task
- there is an adequate number of staff available to be able to carry out the task
- staff are trained in handling procedures and using lifting and transferring equipment
- staff trial all equipment in situ before purchasing.

ASSESS THE PATIENT'S
• behaviour • physical ability • clinical constraints • cognitive function.

TRANSFER 1: MOVING THE PATIENT UP AND DOWN THE BED

RISK	**REDUCED RISK: PREFERRED METHODS**			**HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE**		
Method	**Overhead bar**	**One slide sheet**	**Two slide sheets**	**Draw or incontinence sheet**	**Lifting slats**	**Shoulder Lift**
Code	**A**	**B**	**C**	**E**	**F**	**G**
Main risk factors		Reaching	Reaching	Awkward postures, exerting high force, uneven loading, fast movements	Awkward postures, exerting high force, uneven loading, fast movements	Awkward postures, exerting high force, low working, reaching, uneven loading, fast movements
Patient	Able to assist	Able to assist	Not able to assist	Not able to assist	Not able to assist	Not able to assist
Description	Patient assists by using the overhead bar, handler stabilises the patient's ankle/foot	Patient assists by moving on the slide sheet, handler stabilises the patient's ankle/foot	Slide the patient up the bed using two slide sheets	Patient is lifted up the bed using the sheet, which is already positioned under the patient	Patient is lifted up the bed using the lifting slats	Patient is lifted up the bed using the handlers' shoulders
Number of handlers	**1**	**1**	**2**	**2**	**2**	**2**
Procedure	Patient grasps the overhead bar. Patient bends their legs up with the foot (feet) positioned on the bed. The handler holds the patient's ankle/foot against the bed to ensure it doesn't slip during the move. The patient pushes off through their supported foot/feet against the bed while lifting and carrying their own body up the bed.	Position the folded slide sheet under the patient by rolling the patient once. Patient bends their legs with the foot positioned flat on the bed (not on the slide sheet). The handler holds the patient's ankle/foot against the bed to ensure it doesn't slip during the move, while the patient simultaneously pushes through their feet and slides up the bed. Remove the slide sheet by rolling the patient or pulling the bottom layer of the slide sheet from under the patient.	Position the two slide sheets under the patient by rolling the patient. Using weight transfer, both handlers pull the top sheet, sliding the patient up the bed. Remove the slide sheet by rolling the patient or pull the slide sheets from under the patient (bottom layer first).	This dangerous practice includes the following: Handlers stand opposite each other on either side of the bed, grasp the draw or incontinence sheet that is positioned under the patient's upper body and thighs, then lift and carry the patient up the bed using the sheet as a sling.	This dangerous practice includes the following: Handlers stand opposite each other on either side of the bed, position the lifting slats under the patient's upper body and upper thighs by rolling the patient onto the slats, grasp the handles of the lifting slats and then lift and carry the patient up the bed. Handlers remove the lifting slats by sliding the slats out from under the patient's body or rolling the patient.	This dangerous practice includes the following: Bed is positioned flat, patient's upper body is pulled forward into a sitting position. While supporting the patient's upper body, both handlers position their inner shoulder under the patient's upper arm with the patient's arm positioned across the handler's back. Both handlers link their inner hands under the patient's upper thighs and place their outer hands on the bed for balance. Using their body positioned under the patient's upper arms, and inner hands positioned under the patient's thighs, both handlers lift and carry the patient's body up the bed, then support the patient's upper body while removing the patient's arms from the handlers' backs. The patient's upper body is then lowered into a supine position.

TRANSFER 2: SITTING THE PATIENT UP IN BED

RISK	**REDUCED RISK: PREFERRED METHODS**		**HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE**		
Method	**Electrically operated back rest**	**Bed rope**	**Manually operated or wind-up backrest with bed rope or monkey bar**	**Manually operated backrest**	**Manually lifting the patient/ resident forward**
Code	**A**	**B**	**E**	**F**	**G**
Main risk factors		Reaching	Awkward postures, uneven loading, exerting high force	Awkward postures, exerting high force, uneven loading, fast movements	Behavioural, physical and clinical constraints, awkward postures, uneven loading, high force
Patient	Not able to assist	Able to assist	Able to assist	Not able to assist	Not able to assist
Description	Sit the patient up in bed and support with the backrest	Sit the patient up in bed using a bed rope	Sit the patient up in bed and support with the manual or gas assist backrest	Sit the patient up in bed and support with the backrest	The patient/resident is manually lifted forward using a hook arm lift
Number of handlers	**1**	**1**	**2**	**1 or 2**	**1 or 2**
Procedure	Use the electric mechanism to raise the backrest.	Patient grasps bed rope and bends knees slightly. The patient then lifts up into a sitting position by 'walking' their hands up the rope.	This dangerous practice includes the following: The handler grasps the gas assist backrest handle with the far hand and the head of the bed with the near hand, and instructs the patient to move their upper body up and forward by using the overhead monkey bar or bed rope attached to the end of the bed. The handler releases the gas assist by squeezing the lever and simultaneously lifting the head of the bed to the appropriate height.	This dangerous practice includes the following: Handlers stand opposite each other on either side of the bed, grasp the manual lift backrest handle with the far hand and the head of the bed with the near hand, then simultaneously lift the backrest (and the patient's upper body) to the appropriate height.	This dangerous practice includes the following: Handlers stand on either side of the patient, bend forward and place their near arms under the patient's arm/shoulder. Both handlers then lift and pull the patient up into a sitting position on the bed.

TRANSFER 3: ROLLING THE PATIENT

RISK	**REDUCED RISK: PREFERRED METHODS**		**INCREASED RISK: NOT PREFERRED**	**HIGH RISK: VERY LIKELY TO CAUSE INJURY- NOT RECOMMENDED PRACTICE**
Method	**Roll**	**Roll using patient's body mechanics**	**Roll with a turning frame**	**Rolling patient in a log roll position**
Code	**A**	**B**	**C**	**D**
Main risk factors	Reaching	Reaching	Reaching, exerting high forces	Awkward postures, exerting high forces, reaching, uneven loading
Patient	Able to assist	Not able to assist	Able to assist	Not able to assist
Description	Roll the patient on their side in order to carry out a particular procedure	Roll the patient onto their side using the patient's body mechanics in order to carry out a particular procedure	Roll the patient onto their side maintaining body alignment with a turning frame	The handlers manually roll the patient/resident in a log roll position onto their unaffected side, lifting and supporting the outside leg
Number of handlers	**1 or 2**	**2**	**2 to 3**	**2 to 4**
Procedure	Handler stands on the side the patient will turn towards. Instruct the patient to raise far knee and position the far arm across the body. Assist the patient to roll over. Support the patient on side or alternatively use the cot side or bedstick to enable the patient to support him/herself.	Handlers stand opposite each other on either side of the bed. Position the patient's arms across their chest. Bend up the patient's knee or place the leg across the opposite leg. One handler pushes the patient's hip and shoulder over while the other handler gently guides the patient's knee and elbow over. Hold the patient's body on their side. At the completion of the task, allow the patient to gently 'roll' back into position.	Lift the turning frame onto the bed. Position the frame under the patient's lower limbs by minimally lifting the patient's legs. Two handlers position themselves on the near side of the patient at chest/thigh level and thigh/lower leg level. The handler at chest level grasps the far portion of the rolling frame chest bar and the leg support bar. The far handler grasps the turning frame at thigh/leg level. Instruct the patient to grasp the turning frame chest bar with both hands. Instruct the patient to bring their shoulders and upper body with the turn. The near handler guides the chest bar over and both handlers push down on the leg support bar. When the task is completed, allow the patient to gently 'roll' back into position and remove the frame.	This dangerous practice includes the following: Two to three handlers stand along the unaffected side of the patient's body, lean over to the patient's far (affected) side of the body and pull the patient's body over onto the near (unaffected) side, maintaining the patient's body alignment and lifting and supporting the patient's outside leg. An additional handler positioned on the patient's far side may simultaneously push the patient over onto their unaffected side. The handlers hold the patient on their side until the procedure is completed then lower the patient onto their back, maintaining the patient's body alignment.

TRANSFER 4: TURNING THE PATIENT (REPOSITION IN BED)

RISK	REDUCED RISK: PREFERRED METHODS	HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE		
Method	**Slide sheets**	**Draw or incontinence sheet**	**Manually reposition the patient using two handlers**	**Manually reposition the patient using one handler**
Code	**A**	**E**	**F**	**G**
Main risk factors	Reaching	Awkward position exerting high force, reaching, uneven loading, fast movements	Awkward postures, exerting high force, uneven loading, fast movements	Awkward postures, exerting high force, reaching, uneven loading, fast movements
Patient	Not able to assist	Not able to assist	Not able to assist	Not able to assist
Description	Reposition the patient onto side using slide sheets	The patient/resident is lifted into the middle of the bed using the draw or incontinence sheet and then rolled onto their side	The patient is rolled onto their side and then lifted into the middle of the bed by two handlers	The patient is rolled onto their side and then lifted into the middle of the bed by one handler
Number of handlers	**2**	**2**	**2**	**1**
Procedure	Position the folded slide sheet or two slide sheets under the patient by pushing the slide sheets under the patient and then rolling the patient onto side. One handler pulls the top layer of the slide sheets, while the other handler pushes the patient's body into the middle of the bed. The patient's body is maintained on its side during this procedure. Remove the slide sheets by pushing the slide sheets under one side of the patient's body and then pulling the sheets out on the other.	This dangerous practice includes the following: Handlers stand opposite each other on either side of the bed, both handlers grasp the draw or incontinence sheet and lift and carry the patient to the side of the bed, then roll the patient onto their side.	This dangerous practice includes the following: Handlers roll the patient onto his/her side. The near handler maintains the lateral positioning of the patient. The far handler positions his/her arms under the patient's upper thighs and waist. The far handler then lifts and pulls the patient's lower body towards the near side of the bed.	This dangerous practice includes the following: The patient is rolled over onto his/her far side, the handler's arms are positioned under the patient's upper thighs and waist, and then the handler lifts and pulls the patient's lower body towards the near side of the bed.

TRANSFER 5: SITTING THE PATIENT ON THE SIDE OF THE BED

RISK	**REDUCED RISK: PREFERRED METHODS**			**HIGH RISK: VERY LIKELY TO CAUSE INJURY- NOT RECOMMENDED PRACTICE**
Method	**Bedstick or other aid**	**Patient positions self or uses aid**	**Electric backrest**	**Manual lift from lying to sitting**
Code	**A**	**B**	**C**	**E**
Main risk factors	Reaching	Reaching	Reaching	Awkward postures, exerting high force,
Patient	Able to assist	Able to assist	Able to assist	Not able to assist
Description	The patient transfers from lying to sitting in a balanced position on the side of the bed using an aid such as a bedstick	The patient transfers from lying to sitting in a balanced position on the side of the bed using their body mechanics	Use the electric backrest to raise the patient from lying to sitting in a balanced position on the side of the bed	The patient is manually lifted from lying to sitting on the side of the bed
Number of handlers	**1**	**1**	**1 or 2**	**1 or 2**
Procedure	Encourage the patient to bend up their legs and roll over onto their side. Position the patient's feet at the edge of the mattress. Instruct the patient to sit up or grasp the bedstick (positioned at the lower chest level) and raise their body using the stick as a brace. Simultaneously slide the patient's feet off the bed. The patient will be then sitting on the side of the bed.	Encourage the patient to bend up their legs and roll over onto their side. Instruct the patient to position their hand/elbow at their chest level to enable them to push their upper body upwards. Position the patient's feet at the edge of the mattress. Slide the patient's feet off the bed while the patient pushes through their hand/elbow and lifts their upper body off the bed. The patient will be then sitting on the side of the bed.	Encourage the patient to bend their legs and roll onto their side. Raise the backrest to approximately 35 per cent and slide the patient's feet off the bed. Continue raising the backrest until the patient is sitting in an upright position on the side of the bed.	This dangerous practice includes the following: Handler rolls the patient onto their side. Handler positions his/her near arm under the patient's upper body and holds the patient's legs with the other hand, then lifts the patient's upper body into the sitting position while sliding the legs off the bed.

TRANSFER 6: MOVING THE PATIENT FROM BED TO CHAIR

RISK	**REDUCED RISK: PREFERRED METHODS**				**INCREASED RISK: NOT PREFERRED**	**HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE**		
Method	**Patient transfers self or uses aid**	**Overhead tracking hoist with walking sling**	**Electric standing hoist**	**Electric sling hoist**	**Standing aid**	**Manual lift – standing pivot transfer**	**Hook arm lift**	**Top & tail lift**
Code	**A**	**B**	**C**	**C**	**D**	**E**	**F**	**G**
Main risk factors			Reaching, low working height, awkward postures	Reaching, low working height, awkward postures	Awkward postures, uneven loading	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, fast movement, reaching
Patient	Able to assist	Able to assist	Able to assist	Not able to assist	Able to assist	Not able to assist	Not able to assist	Not able to assist
Description	Using an aid such as a slide board, the handler assists the patient to transfer from the bed to a chair	The patient transfers from bed to chair using ceiling mounted track hoist with walking sling	Using the electric standing hoist, the handler assists the patient to transfer from the bed to the chair	Using the ceiling mounted or mobile electric sling hoist, the handler assists the patient to transfer from the bed to the chair	The handler assists the patient to transfer from bed to chair. The patient uses a standing aid	The patient is lifted from bed to chair using a standing pivot transfer with or without a walk belt	The patient is lifted from bed to chair using a hook arm lift	The patient is lifted from bed to chair using a top and tail lift
Number of handlers	**1**	**2**	**2**	**2**	**1**	**1**	**2**	**2**
Procedure	Position the patient on the side of the bed with their feet on the floor. The chair is then positioned next to the bed with the near side arm removed or lowered. If appropriate, the slide board or other aid is placed under the patient's near side buttock and across the chair. The patient grasps the far arm of the chair and positions feet in the direction of the turn. Encourage the patient to lift their buttocks up and across onto the slide board and move their body over to the chair. The slide board is then removed and the arm of the chair reinserted or raised into position.	Position the patient on the side of the bed with their feet on the floor. Attach the walking sling to the patient and the overhead tracking hoist. Instruct the patient to stand or raise the bed to assist. Provide mobilising aids as appropriate such as wheely walker, crutches. Instruct the patient to push up into a standing position, using their legs and arms for strength and support. Instruct the patient to walk to the chair and position self with back of legs to the edge of the seat, lean forward, grasp the chair arms and sit down. Detach and remove sling.	Position the patient on the side of the bed with their feet on the floor. Encourage/assist the patient to lean forward. Position the sling across the patient's small of the back and under the patient's arms. Encourage the patient to place their feet on the hoist footplate and attach the sling to the hoist.Using the hoist mechanics, transfer the patient up off the bed into the chair. Detach the sling from the hoist and remove the sling by encouraging the patient to lean forward.	Position the sling under the patient by rolling the patient onto both sides. Attach the sling to the hoist. Using the hoist mechanics, transfer the patient up off the bed and lower into the chair. Detach the sling from the hoist. Instruct/assist the patient to lift own legs and lean forward to remove the sling.	Patient is positioned on the side of the bed with their feet on the floor. The chair is positioned at a right angle beside the bed. The handler instructs/ assists the patient to stand up using the standing aid and assists the patient to transfer so they are positioned in front of the chair. The handler instructs/ assists the patient to lower themselves onto the chair.	This dangerous practice includes the following: Patient is on the side of the bed with their feet on the floor. The handler is in front of the patient. The patient's arms are crossed in their lap or around the handler's body, the handler's knees are positioned on either side of the patient's knees, the handler's far hand is positioned under the patient's far buttock and the near hand around the patient's waist, or the handler holds the patient with a walk belt. The patient's chin may be positioned on the handler's far shoulder. The chair is at a right angle beside the bed. The handler then leans back, bringing the patient's body forward, and lifts, pivots, carries and lowers the patient from the bed into the chair.	This dangerous practice includes the following: Patient is positioned on the side of the bed with their feet on the floor. Both handlers stand on either side of the patient, bend forward and place their near arms under the patient's arm/ shoulder. Both handlers then lift, carry and lower the patient into the chair.	This dangerous practice includes the following: One handler slightly lifts the patient's upper body and positions his/her arms from behind, under the patient's upper body, grasping hands across the patient's chest. The other handler grasps the patient's legs. Simultaneously, both handlers lift, carry and lower the patient from the bed to the chair.

TRANSFER 7: MOVING THE PATIENT FROM CHAIR TO BED

RISK	REDUCED RISK: PREFERRED METHODS				INCREASED RISK: NOT PREFERRED	HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE		
Method	**Patient transfers self or uses aid**	**Overhead tracking hoist with walking sling**	**Standing hoist/ sit to stand aid**	**Electric sling hoist**	**Standing aid**	**Manual lift – standing pivot transfer**	**Hook arm lift**	**Top & tail lift**
Code	**A**	**B**	**C**	**C**	**D**	**E**	**F**	**G**
Main risk factors			Reaching, low working height, awkward postures	Reaching, low working height, awkward postures	Awkward postures, uneven loading	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, reaching
Patient	Able to assist	Able to assist	Able to assist	Not able to assist	Able to assist	Not able to assist	Not able to assist	Not able to assist
Description	Using an aid such as a slide board, the handler assists the patient to transfer from chair to bed	The patient transfers from chair to bed using ceiling mounted tracking hoist with walking sling	Using the electric standing hoist, the handler assists the patient to transfer from chair to the bed	Using the ceiling mounted or mobile electric sling hoist, the handlers transfer the patient from chair to bed	The handler assists the patient to transfer from chair to bed while supporting their weight using a standing aid	The patient is lifted from chair to bed using a standing pivot transfer with or without a walk belt	The patient is lifted from chair to bed using hook arm lift	The patient is lifted from chair to bed using a top and tail lift
Number of handlers	**1**	**2**	**2**	**2**	**1**	**1**	**2**	**2**
Procedure	The chair is positioned next to the bed with the near side arm removed or lowered. If appropriate, the slide board or other aid (slide sheet) is placed under the patient's near side buttock and across onto the bed ensuring the bed height is slightly lower than the chair. Encourage the patient to push up from the chair, lift their buttocks and move across to the bed. An aid such the overhead bar or fixed bedstick may also be used by the patient to assist during the transfer. Remove the slide board (slide sheet) and instruct the patient to transfer legs onto the bed.	Attach the walking sling to the patient and the overhead tracking hoist. Instruct the patient to position buttocks to the edge of the chair and hands on the arm rest of the chair. Instruct the patient to push up into a standing position, using their legs and arms for strength and support. Once the patient is stable, re-adjust walking sling and provide mobilising aids as appropriate such as wheely walker, crutches. Instruct the patient to walk to the bed and position self with back of legs to the edge of the bed and sit down on the bed as far back as possible. Instruct the patient to lift their legs onto the bed using an aid if necessary. Detach and remove sling.	Encourage/assist the patient to lean forward. Position the sling across the patient's small of the back and under the patient's arms, and attach the sling to the hoist. Using the hoist mechanics, transfer the patient off the chair and ask patient to lean forward for sling to be removed.	Instruct/assist the patient to lean forward and position the sling behind the patient's body. Position the straps of the sling under the patient's legs. Position and lower the hoist over the patient and attach the sling to the hoist. Using the hoist mechanics, transfer the patient up off the chair and lower onto the bed. Detach the sling. Roll the patient and remove the sling.	The chair is positioned at a right angle beside the bed. Position the patient toward the front of the chair. The handler instructs/ assists the patient to stand up and assists the patient to transfer so they are positioned in front of the bed. The handler instructs/ assists the patient to lower themselves onto the bed, and to lift their legs onto the bed using an aid if necessary.	This dangerous practice includes the following: The handler is in front of the patient. The patient's arms are crossed in their lap or around the handler's body. The handler's knees are positioned on either side of the patient's knees. The handler's far hand is positioned under the patient's far buttock and the near hand around the patient's waist or the handler holds the patient with a walk belt. The patient's chin is on the handler's far shoulder. The chair is beside the bed. The handler then leans back, bringing the patient's body forward, and lifts, carries and lowers the patient from the chair to the bed. The handlers lower the patient's upper body into the lying position while lifting the patient's legs onto the bed.	This dangerous practice includes the following: Both handlers place their near arms under the patient's arm/shoulder. Both handlers lift, carry and lower the patient onto the side of the bed. One handler lowers the patient's upper body into the lying position while the other handler grasps the patient's legs and swings them onto the bed.	This dangerous practice includes the following: One handler pushes the patient's upper body forward and positions his/ her arms from behind, under the patient's upper body grasping hands across the patient's chest. The other handler grasps the patient's legs. Simultaneously, both handlers lift, carry and lower the patient from the chair to the bed.

TRANSFER 8: TRANSFERRING THE PATIENT'S LEGS ONTO THE BED

RISK	REDUCED RISK: PREFERRED METHODS		HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE
Method	**Transfer own legs using an aid**	**Ceiling mounted or mobile electric sling hoist**	**Manually lift patient's legs onto bed**
Code	**A**	**B**	**E**
Main risk factors	Reaching, low working height, awkward postures	Reaching, awkward postures	Awkward postures, exerting high force, reaching
Patient	Able to assist	Not able to assist	Not able to assist
Description	The handler assists the patient to transfer their legs onto the bed using a towel or other aid	The handler transfers the patient's legs onto the bed using a sling hoist	The patient's legs are manually lifted onto the bed
Number of handlers	**1**	**2**	**1**
Procedure	Ensure the patient is sitting as far back on the bed as possible. Encourage or assist the patient to place a towel or other aid around their feet/legs. Encourage the patient to use the aid to lift their legs onto the bed.	Position the sling behind the patient's body and under the patient's legs. Position and lower the hoist over the patient and attach the sling to the hoist. Using the hoist mechanics, transfer the patient up off the side of the bed or out of the chair. Using the hoist mechanics, transfer the patient onto the bed. Detach the sling. Roll the patient and remove the sling.	This dangerous practice includes the following steps: The patient sits as far back on the bed as possible. The handler bends over, grasps the patient's legs and lifts them onto the bed.

TRANSFER 9: MOVING THE PATIENT FROM CHAIR TO CHAIR OR TOILET

RISK	**REDUCED RISK: PREFERRED METHODS**				**INCREASED RISK: NOT PREFERRED**	**HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE**		
Method	**Patient transfers self or uses aid**	**Overhead tracking hoist with walking sling**	**Electric standing hoist**	**Electric sling hoist**	**Standing aid**	**Manual lift – standing pivot transfer**	**Hook arm lift**	**Top & tail lift**
Code	**A**	**B**	**C**	**C**	**D**	**E**	**F**	**G**
Main risk factors	Reaching		Reaching, low working height, awkward postures	Reaching, low working height, awkward postures	Awkward postures, uneven load	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, fast movement, reaching
Patient	Able to assist	Able to assist	Able to assist	Not able to assist	Able to assist	Not able to assist	Not able to assist	Not able to assist
Description	Using an aid such as a slide board, the handler assists the patient to transfer from a chair to another chair (or toilet)	The patient transfers from chair to chair or toilet using ceiling mounted track with walking sling	Using the electric standing hoist, the handler assists the patient to transfer from a chair to another chair (or toilet)	Using the electric ceiling mounted or mobile electric sling hoist the handler assists the patient to transfer from a chair to another chair (or toilet)	The handler assists the patient to transfer from a chair to another chair (or toilet). The patient uses a standing aid	The patient is manually lifted from a chair to another chair (or toilet) using a standing pivot transfer with or without a walk belt	The patient is manually lifted from bed to chair using hook arm lift	The patient is manually lifted from bed to chair using a top and tail lift
Number of handlers	**1**	**2**	**2**	**2**	**1**	**1**	**2**	**2**
Procedure	The second chair is positioned next to the chair with the near side arms on both chairs removed or lowered. If appropriate, the slide board or other aid is placed under the patient's near side buttock and across the second chair. Position the patient's feet. The patient grasps the far arm of the second chair. Encourage the patient to lift their buttocks up and across onto the slide board, and move their body over to the second chair. The slide board is then removed and the arms of the chairs reinserted or raised into position.	Attach the walking sling to the patient and overhead tracking hoist. Instruct the patient to position buttocks to the edge of the chair and hands on the arm rest of the chair. Instruct the patient to push up into a standing position, using their legs and arms for strength and support. Once the patient is stable, re-adjust walking sling and provide mobilising aids as appropriate such as wheely walker, crutches. Instruct the patient to walk to the chair or toilet and position self with back of legs to the edge of the chair/toilet and sit down by leaning forward and grasping arms of chair or hand rail. Detach and remove sling.	Encourage/assist the patient to lean forward. Position the sling across the patient's small of the back and under the patient's arms, and attach the sling to the hoist. Using the hoist mechanics, transfer the patient off the chair and lower into the second chair. Detach the sling from the hoist and remove the sling by encouraging the patient to lean forward.	Instruct the patient to lean forward and position the sling behind the patient's back and under the legs. Attach the sling to the hoist. Using the hoist mechanics, transfer the patient up off the chair and lower into the second chair. Detach the sling from the hoist and remove the sling by encouraging the patient to lift own legs and lean forward.	The second chair is positioned at right angles to the chair. The handler instructs/assists the patient to stand up using the standing aid and transfer so that they are positioned in front of the second chair. The handler then instructs/assists the patient to lower themselves onto the chair.	This dangerous practice includes the following: The second chair is at right angles to the first chair. The handler is in front of the patient. The patient's arms are crossed in their lap or around the handler's body. The handler's knees are positioned on either side of the patient's knees. The handler's near hand is positioned under the patient's near buttock and the far hand around the patient's waist or the handler holds the patient with a walk belt. The patient's chin is positioned on the handler's far shoulder. The handler then leans back, bringing the patient's body forward, and lifts, pivots, carries and lowers the patient from the chair into the second chair.	This dangerous practice includes the following: The second chair is positioned at right angles to the first chair. Both handlers stand on either side of the patient, bend forward and place their near arms under the patient's arm/shoulder. Both handlers then lift, carry and lower the patient into the second chair.	This dangerous practice includes the following: The second chair is positioned next to the first chair. One handler slightly lifts the patient's upper body and positions his/her arms from behind, under the patient's upper body grasping hands across the patient's chest. The other handler grasps the patient's legs. Simultaneously, both handlers lift, carry and lower the patient from the chair to the second chair.

TRANSFER 10: MOVING THE PATIENT OFF THE FLOOR

RISK	REDUCED RISK: PREFERRED METHODS			HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE		
Method	**Patient transfers self or uses aid**	**Electric sling hoist**	**Electric hoist with stretcher frame**	**Lift manually with stretcher frame**	**Hook arm lift**	**Top & tail lift**
Code	**A**	**B**	**C**	**E**	**F**	**G**
Main risk factors		Reaching, low working height, awkward postures	Reaching, low working height, awkward postures	Awkward postures, exerting high force, uneven loading, reaching, low working height	Awkward postures, exerting high force, uneven loading, reaching, low working height	Awkward postures, exerting high force, uneven loading, reaching, low working height
Patient	Able to assist	Not able to assist	Not able to assist	Not able to assist	Able to assist	Not able to assist
Description	The handler verbally instructs the patient to transfer themselves off the floor using an aid such as a chair	The handlers transfer the patient from the floor using an electric sling hoist	The handlers transfer the patient from the floor using an electric hoist with stretcher frame	The patient is manually lifted from the floor using the canvas and poles or a stretcher frame	The patient is manually lifted from the floor to bed using hook arm lift	The patient is manually lifted from the floor to bed using top and tail lift
Number of handlers	**1**	**2**	**2**	**5 or more**	**2**	**2**
Procedure	Place a chair next to the patient and instruct the patient to roll on their side. The patient is then instructed to push up into a sitting position and then kneeling position through their near hand and elbow. The handler then places the chair in front of the patient and instructs the patient to push down on the chair seat and stand up or swing around to sit on the chair.	Position the sling under the patient by rolling the patient onto both sides. Position and lower the hoist over the patient. Attach the sling to the hoist. Using the hoist mechanics, transfer the patient up off the floor and lower onto the bed. Detach the sling from the hoist and remove the hoist. Instruct/assist the patient to roll over and remove the sling.	Position the frame around the patient. Position the slats under the patient and attach to the frame. Position and lower the hoist over the frame and attach to the frame. Use the hoist mechanics to lift the frame (and patient) off the floor. Lower the frame onto the bed and detach from the hoist. Remove the slats and dismantle frame.	This dangerous practice includes the following: The canvas is positioned under the patient by rolling patient onto both sides, or the stretcher frame is positioned around the patient and the slats inserted underneath the patient. The bed or trolley is positioned close to the patient and the bed lowered. Handlers lift the canvas or stretcher frame (and patient) up off the floor, and carry and lower onto bed/trolley. Instruct/assist the patient to roll over and remove the canvas or remove the slats and the stretcher frame.	This dangerous practice includes the following: The handlers assist the patient to sit up. Both handlers squat on either side of the patient and place their near arms under the patient's arm/shoulder. Lift and carry the patient from the floor and lower the patient onto the side of the bed. The handler at the head end of the bed positions his/her arms under the patient's upper body and lowers the patient's upper body into the lying position. Simultaneously, the handler at the foot end of the bed grasps the patient's lower legs and swings them on to the bed.	This dangerous practice includes the following: One handler squats beside the patient and slightly lifts the patient's upper body. The handler then positions his/her arms from behind, under the patient's upper body grasping hands across the patient's chest. The other handler grasps the patient's legs. Simultaneously, both handlers lift, carry and lower the patient from the floor to the bed.

TRANSFER 11: TRANSFERRING THE PATIENT FROM BED TO TROLLEY (INCLUDES RADIOLOGY, EMERGENCY, SHOWER TROLLEY, MORGUE, OPERATING THEATRE TABLE)

RISK	REDUCED RISK: PREFERRED METHOD		HIGH RISK: VERY LIKELY TO CAUSE INJURY - NOT RECOMMENDED PRACTICE	
Method	**Patient transfers self or uses aid**	**Slide board and slide sheet**	**Slide board and bed sheets**	**Top and tail or other lift**
Code	**A**	**B**	**E**	**F**
Main risk factors	Awkward postures	Awkward postures	Awkward postures, exerting high force, uneven loading, reaching	Awkward postures, exerting high force, uneven loading, reaching
Patient	Not able to assist	Not able to assist	Not able to assist	Not able to assist
Description	The handlers transfer the patient from bed to trolley using the hover mattress or slippery mattress	The handlers transfer the patient from bed to trolley using a pat slide and slide sheets	The handlers transfer the patient from the bed onto the trolley using a pat slide and the bottom sheet, draw or incontinence sheet	The patient is manually lifted and held using a scoop lift while the bed and trolley are changed over
Number of handlers	**2 or more**	**3 or more**	**3 or more**	**3 or more**
Procedure	Handlers are positioned either side of the bed. Roll the patient and position the hover mattress underneath the patient. Secure the patient. Inflate the hover mattress. Transfer the patient from bed to trolley push/pulling the hover mattress. Deflate the hover mattress and roll the patient to remove the mattress. If a slippery mattress is being used, the mattress will already be positioned under the patient/resident. Push/pull the patient/resident across on the mattress. Leave mattress in situ.	Position the slideboard and wide slide sheet under the patient and top sheet by rolling the patient once (slide sheet is positioned on top of the slideboard with the majority of the sheet in the direction of the move). Position the trolley with a slide sheet on top adjacent to the bed with brakes on, with the slideboard as a bridge between the bed and trolley. Handler on the bedside pushes patient at hip and shoulder, while handlers on the trolley side pull the slide sheet at hip and shoulder, transferring the patient from bed to trolley. Tuck the slide sheet under the patient and remove the slideboard and slide sheet by rolling the patient once.	Position the slideboard under the patient and sheet by rolling the patient. Position the trolley adjacent to the bed with brakes on and with the slideboard as a bridge between the bed and trolley. Handler on the bedside pushes patient at hip and shoulder, while handler on the trolley side leans over the trolley and pulls the sheet at hip and shoulder, transferring the patient from bed to trolley. The slideboard is removed by rolling the patient slightly.	This dangerous practice includes the following: Each handler positions arms underneath supine patient at shoulders, hips and legs. The handlers lift and hold the patient whilst the bed is removed and replaced with trolley. The handlers lower the patient onto the trolley.

TRANSFER 12: TRANSFERRING THE PATIENT INTO OR OUT OF BATH

RISK	REDUCED RISK: PREFERRED METHODS		INCREASED RISK: NOT PREFERRED	HIGH RISK: VERY LIKELY TO CAUSE INJURY-NOT RECOMMENDED PRACTICE
Method	**Electric hoist with immersible sling and height adjustable bath**	**Shower trolley/slideboard and slide sheet**	**Hydraulic chair hoist**	**Top and tail lift or other lift**
Code	**A**	**B**	**D**	**G**
Main risk factors	Reaching, awkward postures	Reaching	Awkward postures, uneven loading, reaching, low working heights	Awkward postures, exerting high force, uneven loading, reaching, low working heights
Patient	Not able to assist	Not able to assist	Able to assist	Not able to assist
Description	The handlers transfer the patient into and out of a height adjustable bath using an electric hoist with an immersible sling	The handlers transfer the patient onto the shower trolley using slideboard and slide sheets	The handlers transfer the patient in and out of the bath using a manually operated hoist	The handlers manually lift the patient into and out of the bath using a top and tail lift
Number of handlers	**2 or more**	**3 or more**	**3 or more**	**3 or more**
Procedure	Raise bath to appropriate height. Position the sling under the patient. Attach the sling to the hoist. Using the hoist mechanics, transfer the patient into the bath. Detach the sling from the hoist and remove the hoist. The handler may leave the sling under the patient during the bath or remove the sling and reapply when the bath is completed. To transfer the patient from the bath, reverse the procedure.	Position the slideboard and slide sheet under the patient by rolling the patient once (slide sheet is positioned on top of the slideboard with the majority of the sheet to the direction of the move). Position the trolley adjacent to the bed with brakes on, with the slideboard as a bridge between the bed and trolley. Handler on the bedside pushes patient at hip and shoulder, whilst handlers on the trolley side pull the slide sheet at hip and shoulder, transferring the patient from bed to trolley. Remove the slideboard and slide sheet by rolling the patient once.	The chair is attached to the mechanical or electrical hoist next to bath. The hoist is manually wound to raise the chair and the patient. The handlers slightly lift the hoist base to remove it from the chair, then manoeuvre the hoist over the bath. Using the hoist mechanics the patient is lowered into the bath. To transfer the patient out of the bath, reverse the procedure. *Note: It is preferrable to shower a patient rather than use a bath unless there is a medical or hygiene issue. Low, non-adjustable baths present a high risk from awkward postures and low working heights.*	This dangerous practice includes the following: One handler pushes the patient's upper body forward and positions his/her arms from behind, under the patient's upper body grasping hands across the patient's chest. The other handler grasps the patient's legs. Simultaneously, both handlers lift, carry and lower the patient from the chair into the bath. To transfer the patient out of the bath, the procedure is reversed.

FURTHER INFORMATION



LEGISLATIVE AND POLICY FRAMEWORK

This guide is designed to assist organisations to reduce the risks associated with the handling of patients and assist employers to comply with their legal obligations under the *Occupational Health and Safety Act 2004* and its associated Regulations and Compliance Codes. The following references support and complement this document.

OCCUPATIONAL HEALTH AND SAFETY ACT 2004	The OHS Act sets out general duties of care for employers, employees, designers, manufacturers, suppliers and installers. The OHS Act enables Regulations and Compliance Codes to be made about the health, safety, and welfare of people at work.
OCCUPATIONAL HEALTH AND SAFETY REGULATIONS 2007 AND COMPLIANCE CODES	The Regulations set out specific duties for employers and employees under the Act. Compliance Codes give practical guidance on how to comply with the legislation.
A GUIDE TO DESIGNING WORKPLACES FOR SAFER HANDLING OF PEOPLE	This document assists health, aged care, rehabilitation and disability facilities to reduce risks to those who handle clients.
INDUSTRY POLICIES ON 'NO LIFTING', FOR EXAMPLE, AUSTRALIAN NURSING FEDERATION (VIC BRANCH) NO LIFTING POLICY, 2006	The policies state the manual lifting of people should be eliminated except in life threatening or emergency situations. Patients are encouraged to assist in their own transfers and mechanical handling aids must be used whenever they can help to reduce risk.
DEPARTMENT OF HUMAN SERVICES IMPLEMENTATION FRAMEWORK FOR THE INTRODUCTION/ MAINTANENCE/EXTENSION OF NURSE BACK INJURY PREVENTION PROGRAMS-NURSING.VIC.GOV.AU	

WORKSAFE VICTORIA

WorkSafe offers a complete range of OHS services, including: emergency response; advice; information and education; inspections and audits; licensing and certification; publications; and web-based guidance. WorkSafe publications can be downloaded from **worksafe.vic.gov.au**

RESOURCES

Casual workers and labour hire

Placing workers in safe workplaces, WorkSafe Victoria, 2006.

Consultation

Talking safety together, WorkSafe Victoria, 2005.

Consultation: A user's guide, WorkSafe Victoria, 2005.

Information for employees, WorkSafe Victoria, 2005.

General OHS

Guide to the OHS Act 2004, WorkSafe Victoria, 2005.

Summary of the Occupational Health and Safety Act 2004, WorkSafe Victoria, 2005.

Manual handling

Ballarat District Nursing and Healthcare Inc Safety Development Fund Project Final Report – Musculo-skeletal injury prevention program for district nurses, Ballarat District Nursing and Healthcare Inc, January 2003.

A guide to designing workplaces for safer handling of people, WorkSafe Victoria, 3rd edition, September 2007.

No lifting policy, Australian Nursing Federation (Victorian Branch), 2006.

Victorian nurses back injury prevention project evaluation report, Department of Human Services, Victoria, 2004.

Copies of the Victorian Acts and associated regulations can be obtained from Information Victoria by phoning 1300 366 356.

The No lifting policy and Implementation guide and checklist can be obtained from the Australian Nurses Federation (Victorian Branch) by phoning 9275 9333.

ACKNOWLEDGEMENTS



This guide was developed by consultants Louise O'Shea, O'Shea and Associates No Lift Systems and Mark Hennessy, Hennessy Services Pty Ltd in conjunction with the Patient/Resident Handling Working Party as part of WorkSafe's Health and Aged Care Industry Project in 2002.

Acknowledgement is made to the contribution of:

- The Health and Aged Care Consultative Committee – Jeanette Sdrinis (Australian Nursing Federation), John Brooks (Aged Care Association of Victoria), Michelle Holian and Sarah Creane (Department of Human Services), Elizabeth Langford (Injured Nurses Support Group), Kerry Shearer (Private Hospitals Association of Victoria), Fleur Limpus (Victorian Association of Health and Extended Care), Frank Mielke and Matthew Casey (Victorian Health Care Association), Andrea Argirides, Margaret Best and Greg Haywood (WorkSafe Victoria)
- The Risk Assessment Working Party – Janet Casey (Aged Care Association of Victoria), Angela Quero (Aged Care Standards Accreditation Agency), Lynn Nicholas (Australian Hospital Care), Katy Marshall and Jeanette Sdrinis (Australian Nursing Federation), Sally Lutter and Sarah Creane (Department of Human Services), Rosemary Paterson (Montefiore Homes for the Aged), Judy Falla (Peter James Centre), Bill Fitzgerald (Southern Health Care Network), Jeanette Kamar (Northern Hospital Care Network), Andrea Argirides and Judith Farrell (WorkSafe Victoria), and
- Carmel Browne (Dandenong Hospital), Danielle Taylor (Karingal Manor), Sue Bartelman (Ballan District Health), Matthew Casey (Caulfield General Medical Centre) and the Royal Melbourne Hospital for the trial of tools in the workplace, feedback to the authors and support with photographs.

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WSV542/04/03.10